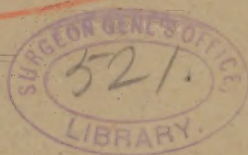


HODGDON (Alex. L.) *al*

SOME REASONS FOR THE
PERFORMANCE OF CIR-
CUMCISION ON ALL MALE
INFANTS.

BY *✓*

ALEX. L. HODGDON, M.D.



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**SOME REASONS FOR THE PERFORMANCE OF
CIRCUMCISION ON ALL MALE INFANTS,
AS A PREVENTATIVE AGAINST A NUMBER
OF NERVOUS, MENTAL, AND OTHER DIS-
ORDERS.**

By ALEX. L. HODGDON, M. D.

IT has been said there is nothing new under the sun, and although there are many apparently novel devices, yet in time to come, when the earth is made to yield up more of her buried treasures, in the shape of long lost literature, we may find that many of our *fancied* novelties are really those which the ancients once enjoyed centuries ago. The rite of circumcision is one of the oldest beneficial observances of which we have any knowledge, and, although strictly observed by the Hebrews, is not to any extent performed outside of the Jewish religion excepting among a class known as the physician class, where according to Dr. REMONDINO (*) who says: "In the United States, France, and England, there is a class which also observe circumcision as a hygienic precaution, where from my personal observation I have found that circumcision is thoroughly practiced in every male member of many of the families of the class—this being the physician class. In general conversation with physicians on this subject it has really been surprising to see the large number who have had themselves circumcised either through the advice of some college professor while attending

*REMONDINO: Circumcision.

lectures, or as a result of their own subsequent convictions when engaged in actual practice." He further says: "There is one thing that must be admitted concerning circumcision, this being that among medical men, or men of ordinary intelligence who have had the operation performed, instead of being dissatisfied they have extended the advantages they have themselves received, by having those in their charge likewise operated upon. This practice is much more prevalent than is supposed, as there are many Christian families where males are regularly circumcised soon after birth, who simply do so as a hygienic measure." There is one reason, if there were no other, for which circumcision should be performed on all males: that is as an aid to cleanliness, for after the operation the glands of Tyson dry up, and the head of the penis remains constantly uncovered; the accumulation of cheesy matter is prevented, which does away with the necessity for almost continual cleansing, which greatly annoys many of those who possess a foreskin. Then, can we not believe that some of the longevity of the Jews is directly due to this procedure, for the *Medical Record*, in giving the vital statistics of American Jews, says: "The deaths reported for the five years give an annual death-rate of 7.11 per thousand of population, being about half of the average rate for the general population." And, as we give this subject our further attention, we may not be surprised that this is the case after looking at the numerous diseases capable, in many instances, of carrying away their victims and from which the circumcised seem to possess a singular immunity. What disease can we better

commence with than syphilis, one of the scourges of humanity, with its long train of spinal, cerebral, and other sequelæ? It is hardly worth while to enter into an elaborate calculation as to how much syphilis exists among the male population of the United States or Europe, but it is sufficient to say that P. S. HOLLAND (*) observes that among the British troops syphilis is one of the most frequent of diseases, about one hundred and eighty cases occurring annually among every one thousand soldiers. Now, bringing this in conjunction with the statement of Mr. JONATHAN HUTCHINSON, who (†) “has shown by statistics that syphilis is much less common among Jews than among Christians,” there seems to be considerable freedom from that dreadful disorder among the circumcised.

(‡) “At the Metropolitan free hospital situated in the Jews’ quarter, London, in 1854, the proportion of Jews to Christians among the out-patients was nearly one to three; yet the ratio of cases of syphilis in the former to those in the latter was only one to fifteen; and that this difference was not due to their superior chastity was evident from the fact that the Jews furnished nearly half of the cases of gonorrhœa that were treated during the same period.” Can we ascribe their greater immunity to anything other than their having been circumcised? And if not, what a great amount of suffering, pauperism, and insanity, as well as possible contamination of innocent persons, might have been avoided by this slight operation. (†) In a thousand cases of

*REMONDINO.

†BUMSTEAD’S Veneral Diseases.

‡*Journal of the American Medical Association*, Feb. 25, 1893.

ulcer of the penis treated by LEWIN at the BERLIN CHARITÉ, almost fifty per cent. were on the prepuce, nineteen per cent. on the glans, fifteen per cent. on the corona, nine per cent. at the meatus, and the remainder on various portions of the penis. Dr. E. C. SPITZKA (*) says that RUMPF shows eighty per cent. of syphilitic antecedents in his cases of tabes, and that it corresponds to the number of cases in his (Dr. Spitzka's) private practice. As to phimosis being a possible factor in the production of epilepsy, I would say that Dr. GARRETT, of BAY VIEW ASYLUM, has kindly supplied me with the number having phimosis among the epileptic cases under his charge. He reports them as follows: the total number of male epileptics in the hospital, 20; of these, 4 have very long prepuces with phimosis. (†) "A London neurologist has made the statement that in twenty-five cases of epilepsy he found congenital phimosis eleven times."

Dr. H. A. WRIGHT (‡) reports an interesting "case of asthma cured by circumcision," probably reflex. Space will not admit of many interesting cases of circumcision performed by physicians, including cases of my own, whereby disease seemed to have been cured and suffering relieved. Some of the troubles which appeared to be benefitted by circumcision, were paralysis, wetting the bed, pain in the penis, nervousness, and spasms. The very secretion which forms under the foreskin seems in some cases to produce inflammation of the head of the penis. In performing circumcision, no matter what methods are adopted, I consider it very

* "System of Medicine" by PEPPER.

† Archives of Pædiatrics, February, 1891.

‡ Portland, 1890-1891, xvij-31. *Proc. Oregon Med. Soc.*

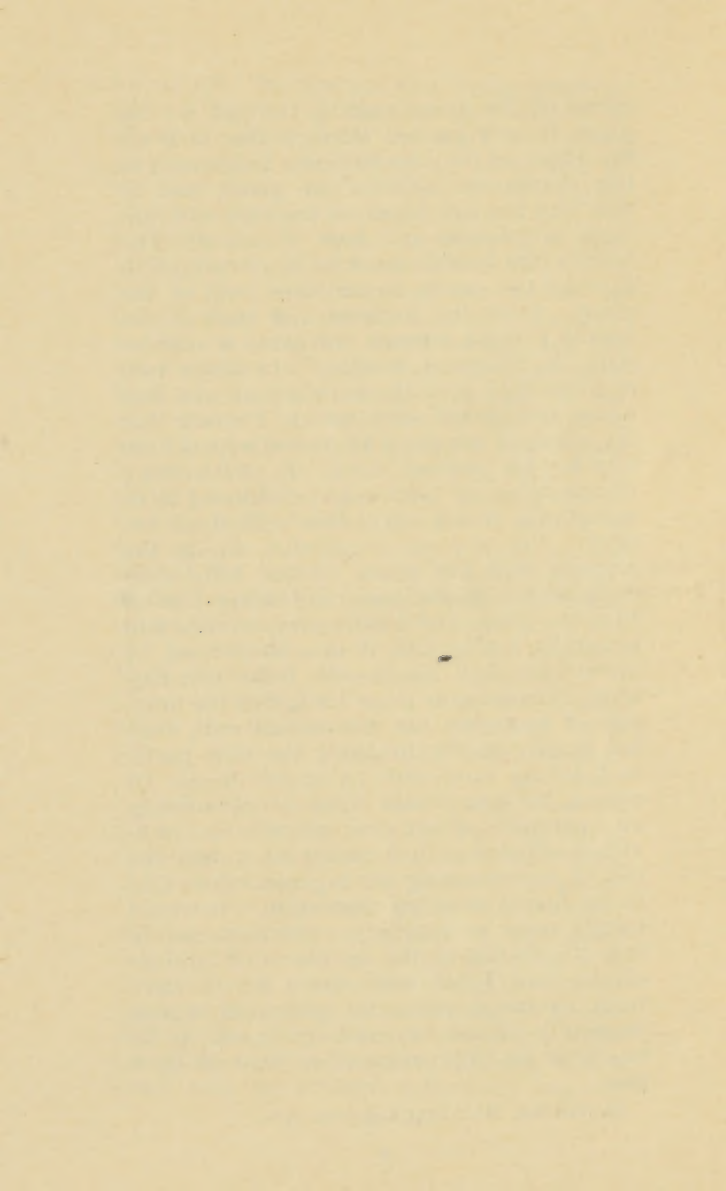
necessary to cut off circularly enough skin from the penis to keep the whole of the head of the penis constantly uncovered, and so that no part of the head can be made to remain covered. Having performed circumcision many times both in adults and children, I will describe the method I prefer.

First of all, I will name the parts so that no confusion may exist when the operation is described. The penis has an upper and a lower surface; the upper surface is the *dorsum*, and is the surface which is seen if the individual is standing up and facing you and the penis hanging in the ordinary condition. On the lower surface of the penis is found the *frænum*. The posterior portion of the glans is called its base, and the anterior portion is called its apex. The orifice of the urethra is situated at the extreme anterior portion of the apex. The corona is an elevated ridge and is a portion of the base of the glans. Immediately back of the corona is a depression which marks the extreme posterior boundary of the base of the glans, behind which is found the mucous membrane of the prepuce. In performing circumcision in adults (whenever practicable) I consider the best method is to allow the penis to hang down in its ordinary condition, then make a mark with pen and ink on the *dorsum* of the penis about one-half of an inch back of the depression which marks the boundary between the glans and the mucous membrane of the prepuce, then draw the skin of the penis evenly forward till it comes in front of the apex of the glans, after which the skin should be embraced by a pair of ordinary long, thin-bladed forceps, and all of the skin in front of the mark should

be cut off. The forceps now being removed the cut border of the skin will retract to about the point where the mark was made, that is, about one-half of an inch back of the depression at the base of the glans. The mucous membrane of the prepuce will probably still be found covering a portion of the glans. All but about one-half of an inch of the mucous membrane should be cut off from the dorsal surface, but sufficient left on both the dorsal surface and the under surface to reach from the depression back of the glans to the cut edge of the skin, without having to stretch it in order to make the sutures, which should now be put in connecting by the interrupted suture the cut edges of the skin and mucous membrane. If the frænum is short it should be divided. In infants, make a mark on the skin of the dorsum about at the depression at the base of the glans which depression marks the boundary line between the glans and the mucous membrane of the prepuce. Then draw the skin evenly forward till it comes in front of the apex of the glans, after which the skin should be embraced by a pair of ordinary long, thin-bladed forceps, and all of the skin in front of the mark cut off. The forceps now being removed the cut border of the skin will retract to about the point where the mark was made at the depression at the base of the glans. The mucous membrane which will probably still be covering a portion of the glans should now be slit up along the dorsum to about where it is attached at the base of the glans, and should then be thoroughly peeled off from the glans. For the dressing I prefer a small piece of soft muslin, doubled, with a small hole cut through sufficiently large to

admit of the glans passing through it; the glans is now pushed through this hole till the edges of the muslin find a lodgement in the depression behind the glans, and in this way the cut edges of the skin and mucous membrane are kept together. The hole in the muslin must be large enough to prevent too much constriction back of the glans. Over the incision and back of the muslin I wind around the penis a narrow strip of "Borated Lintine." In about two or three days give the baby a bath and find union completed, after which I direct that the whole of the penis be dusted with talcum powder for several days. In performing circumcision on infants and children I have sometimes found very firm adhesions between the mucous membrane lining the prepuce and the glans. Some little difficulty may be experienced in peeling this off from the glans, but a little perseverance will generally accomplish it in a short time. I have have had no trouble from bleeding after circumcision since I adopted the practice of sponging the cut surface with very hot water, barely touching the raw parts, and taking care not to scald them. Of course no one would think of performing an operation of any description on an individual afflicted with hæmophilia unless the risk of not operating were greater than that to be feared from an operation. It would hardly seem necessary to enter so minutely into the details of the operation of circumcision, had I not seen cases which have been operated upon for phimosis whose present condition can scarcely be said to be much of an improvement on that of their past.

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